

# **ADAT**

## **Alcohol and Drug Addiction Treatment Program**



**Tennessee Department of Mental Health  
and Developmental Disabilities  
Division of Alcohol and Drug Abuse Services**

First Floor, Cordell Hull Building  
425 Fifth Avenue North  
Nashville, TN 37243  
(615) 741-1921

ADAT Website:

<http://www.tennessee.gov/mental/A&D/adat.htm>



STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES  
DIVISION OF ALCOHOL AND DRUG ABUSE SERVICES  
CORDELL HULL BUILDING, FIRST FLOOR  
425 5<sup>TH</sup> AVENUE, NORTH  
NASHVILLE, TENNESSEE 37243

PHONE 615-741-1921 FAX 615-532-2419

MEMORANDUM

TO: Whom It May Concern

FROM: Ellen L. Abbott, Interim ADAT Program Director

DATE: July 1, 2008

RE: **State-Paid Alcohol and Drug Addiction Treatment (ADAT) Program**

Thank you for your interest in the State's "ADAT" Program. This program is designed to pay for court-ordered "A&D" treatment services for DUI offenders who, **based on a current conviction**, are ordered to treatment and deemed indigent by the court. ADAT will pay for approved individuals to undergo an alcohol and drug assessment and receive appropriate treatment. Therefore, once a client is approved, ADAT will cover treatment services throughout the client's treatment episode. ADAT provides a full continuum of care including: detox, residential rehab, halfway house and outpatient services.

I am enclosing an updated Approval Checklist which outlines the eligibility criteria, and sample paperwork (a Court Order and Client Consent Form) which you may fax to this office when making a request. Please also attach proof of conviction. (Note: The order to treatment must be based on a current ADAT-eligible conviction). Once a client is approved, we will fax a memo of approval to you. At that time, the client is free to contact any one of our contracted treatment providers, tell the provider that he/she is "ADAT-approved," and schedule an assessment and subsequent admission date. If you would like to identify the ADAT treatment provider who is closest to your area, please call or e-mail any of the following ADAT Program Consultants:

(See next page)

**Ann Marie Dixon**  
Senior ADAT Program Consultant  
Direct Line: (615) 532-7799      E-mail: [Annmarie.dixon@state.tn.us](mailto:Annmarie.dixon@state.tn.us)

**Doris Byrd**  
ADAT Program Consultant  
Direct Line: (615) 532-9862      E-mail: [Doris.byrd@state.tn.us](mailto:Doris.byrd@state.tn.us)

**Karen Nohr**  
ADAT Program Consultant  
Direct Line: (615) 741-8519      E-mail: [Karen.nohr@state.tn.us](mailto:Karen.nohr@state.tn.us)

**Diane Langdon**  
ADAT Program Consultant  
Direct Line: (615) 253-8951      E-mail: [Diane.langdon@state.tn.us](mailto:Diane.langdon@state.tn.us)

Feel free to call me if you have any questions about the program. Thank you.

(615) 741-1921      Division's Main Number

(615) 253-7837      My Direct Line

(615) 532-2419      Division FAX Number

E-mail: [Ellen.L.Abbott@state.tn.us](mailto:Ellen.L.Abbott@state.tn.us)

**ADAT APPROVAL CHECKLIST**  
**For Courts and Treatment Providers**  
July 1, 2008

Issued by the Alcohol and Drug Addiction Treatment (ADAT) Program  
Tennessee Department of Mental Health and Developmental Disabilities  
Division of Alcohol & Drug Abuse Services  
Phone Number (615) 741-1921

The following documents will be required for an ADAT approval.

**1. COURT DOCUMENT(S) SHOWING:**

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**A CURRENT CONVICTION within ONE of the following categories:**

A. Conviction of a DUI First Offense; **OR**

B. Conviction of a DUI Second (or greater) Offense; **OR**

C. Conviction of Driving on a Revoked License (with proof that the original revocation was due to a DUI conviction in the past five years).

**\*\* As long as the person is on probation, the conviction remains current.**

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**THE PERSON HAS BEEN DEEMED INDIGENT BY THE COURT**

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**THE PERSON IS BEING ORDERED TO TREATMENT**

All ADAT-approved individuals will be required to undergo a standardized alcohol and drug abuse assessment and receive appropriate treatment based on the clinical assessment (even if a court order specifies a particular level of treatment or length of stay). **Once a client is approved, ADAT will cover treatment services throughout the client's treatment episode. ADAT-covered services include: detox, residential rehab, halfway house and outpatient services.**

For your convenience, see "Sample ADAT Court Order" Attached.

**2. SEPARATE DOCUMENTATION:**

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**SHOWING THE CONVICTION -**

(such as a copy of the Judgment with the Judge's signature)

**3. A CONSENT FORM**

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**COMPLETED AND SIGNED BY THE CLIENT**

(see attached form entitled, "Consent for the Release of Confidential Alcohol or Drug Treatment Information")

ADAT Approval Checklist  
Issued by the Division of Alcohol and Drug Abuse Services  
Tennessee Department of Mental Health and Developmental Disabilities  
July 1, 2008

**How to Submit an ADAT Request**

You may FAX the above-referenced materials to the ADAT Office as listed below. All eligible persons will be approved for the ADAT Program – provided dollars are still available in the current fiscal year budget.

**Approval**

Once a request is approved, the Bureau of Alcohol & Drug Abuse Services will send a Memo of Approval/Authorization back to the requesting party (stating that the defendant is approved for the ADAT Fund and is authorized to schedule an assessment and begin appropriate treatment at any Bureau-contracted treatment facility). If you need a list of contracted treatment providers and the services which they offer, please call the ADAT Office to request.

**Please see Attachments:**

1. ADAT Sample Court Order, FY09
2. Client Consent Form entitled, “Consent for the Release of Confidential Alcohol or Drug Treatment Information”

Also, we will soon have this new revised packet available on the ....

<b>ADAT WEBSITE.</b>
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Please go to... <http://www.tennessee.gov/mental/A&D/adat.htm>

**ADAT SAMPLE COURT ORDER – July 1, 2008**

IN THE \_\_\_\_\_ COURT IN AND FOR  
\_\_\_\_\_ COUNTY, TENNESSEE  
\_\_\_\_\_ JUDICIAL DISTRICT

STATE OF TENNESSEE vs. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc.Sec.No.\_\_\_\_-\_\_\_\_-\_\_\_\_

**ORDER**

The Court finds that the defendant has been convicted of:

1. \_\_\_\_\_ a DUI First Offense; **OR**
2. \_\_\_\_\_ a DUI Second (or subsequent) Offense -  
\_\_\_\_\_ (please specify the offense here); **OR**
3. \_\_\_\_\_ Driving on a canceled, suspended or revoked license (**when the original cancellation, suspension or revocation was due to a DUI conviction in the past five years**). \* **Documentation is required** \*

The Court further finds that the defendant is indigent pursuant to T.C.A. 55-10-403(a)(4)(B).

The Court further finds that the defendant has consented to a release of information form that has been executed by the defendant.

The defendant is hereby ordered to undergo an alcohol and drug abuse assessment and receive treatment as appropriate.

ENTER this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of the Judge: \_\_\_\_\_

**Please Print the Judge's Name here:** \_\_\_\_\_

Attachments: Copy of the Judgment and a completed Client Consent Form

**Consent for the Release of**  
**Confidential Alcohol or Drug Treatment Information**

July 1, 2008

I, \_\_\_\_\_, authorize  
(Name of Client / Defendant)

\_\_\_\_\_  
(Please include the name of the office or program who is submitting the ADAT request)

to provide by facsimile transmission or U.S. mail to the Tennessee Department of Mental Health and Developmental Disabilities, Division of Alcohol and Drug Abuse Services, a copy of the court order sentencing me to attend alcohol and drug addiction treatment, documentation of my indigency status, documentation of my conviction(s), and a copy of this release form. I further authorize the, Tennessee Department of Mental Health and Developmental Disabilities, Division of Alcohol and Drug Abuse Services, to provide this information by facsimile transmission or U.S. mail to any of its contracted treatment agencies in order to arrange my treatment.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

\_\_\_\_\_  
(Specification of the date, event, or condition upon which this consent expires)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client / Defendant

\_\_\_\_\_  
Signature of authorized representative (Optional)